



# Scrummies Breakfast Club Registration Form 2022-23

Please ensure you register your child/children prior to their first visit to  
*Scrummies Breakfast Club.*

*Please complete this form and sign where indicated at foot of page.*

## Parent/Carer Details

Parent/Carer's Name:	
Address:	
Postcode:	
Daytime Tel:	Evening Tel:
Mobile Tel:	Email:
Other named individuals with parental authority to collect children from the club:	

## Child Medical Details

Child's Name	Date of Birth
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Please give **at least three** emergency daytime telephone numbers:

Contact	Tel No:
Contact	Tel No:
Contact	Tel No:

Other named individuals with authority to collect children from the club:

Has your child had any recent illnesses, operations or injuries?

Please provide details of any medical conditions/allergies, including warning signs & symptoms.

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Is your child allergic to bee, wasp or insect stings?

Yes

No

Date of last tetanus injection?

Does your child have to take regular medication? If yes, please give details.

Please state the name, address and telephone number of your child's doctor.

Please provide any additional information you feel we should know concerning your child.

Please sign and date below to confirm your consent for *Scrummies* staff to administer first aid to your child if required.

Signed

Print Name

Date

